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LICENSE NUI	MBER: 093400002	•	CITY OR TOWN ORLEA	NS
APPLICATIO1	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NA	AME: LAND HO! IN	C.		
DOING BUSI	NESS A LAND HO!			
ADDRESS 38	MAIN ST			
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02653	
MANAGER:	MURPHY, JOHN JR.	ГҮРЕ OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:	-		
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PRE			
		/2 ROOMS & KITCHEN; S IN LOUNGE AND PAT	; PARTIA L CELLAR FOR TO 3,268 SQFT.	STORAGE.
I hereby certify	and swear under penal	ties of perjury that:		
-	=		ame premises now licensed;	
		• •	onwealth relating to taxes; ar	nd
	•	for business (If not explai	_	
			•	
SIGNED BY				
	Individual, Part	ner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
<b>Acts of 2004,</b>	signed by the building	inspector and the head	certificate required by Cha of the fire department for t ance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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LICENSE NUMBER	1:093400003		CITY OR TOW	'N ORLEANS	
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	ORLEANS YACHT	CLUB, INC.			
DOING BUSINESS	A ORLEANS YACH	Γ CLUB			
ADDRESS 39 COVI	E ROAD				
CITY/TOWN: ORL	EANS	STATE: M	A ZIP CODE:	02653	
MANAGER: POW	ERS, ERIN TYPE	OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	R EMAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISE	S:			
LARGE COMMUNI	LL OFFICE,FURNAC TY ROOMS AND ST UTSIDE DOORS. API	ORAGE ROOM	FOR SAILS,BOAT		
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renew	ed license will be of the	e same type for	the same premises no	ow licensed;	
	ee has complied with a			g to taxes; and	
3. the premis	ses are now open for bu	usiness (If not ex	(plain below)		
SIGNED BY	Individual, Partner o	r Authorized Co	rnoreta Officar		
	marviauai, raitiiei o	Authorizeu Co	iporate Officei		
DATE:	TELEDIANE	MIMPED	EMPLOY	YER IDENTIFICAT	ION NI IMBED
211121	TELEPHONE	NUMBER:		Individual Social S	
					•
Acts of 2004, signed	d, attest that we are in the building insp (2) the certificate of li	ector and the h	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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LICENSE NUI	MBER: 093400005	C	TITY OR TOWN ORLEAN	NS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: FOUR STAR BRO	THERS, INC		
DOING BUSI	NESS A HUNAN GOUR	MET		
ADDRESS 22:	5 CRANBERRY HGWY.			
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02653	
MANAGER:	CHEN, BI YAN TYI	PE OF LICENSE: Resta	urant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	
	N OF LICENSED PREMI			
			HE UNDERGROUND MAI CATED AT THE FRONT (	
			AN EMERGENCY EXIT	
REAR OF RES	STAURANT. SEATS 99			
-	and swear under penalties			
		· -	me premises now licensed;	
	=		nwealth relating to taxes; an	d
3. the	premises are now open for	business (If not explain	below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Corpora	te Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	122211101	21,0112211	(Note: NOT Individual Social	l Security Number)
Wa the and an		in magazian (1) 4ha a	outificate meaning I by Cha	
	_	_	ertificate required by Cha f the fire department for t	_
named license			nce required by Chapter 1	
of 2010.				
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved				
DATE:				
			-	



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LICENSE NUMBE	ER: 093400009		C	TY OR TOW	N ORLEANS	8
APPLICATION FO	OR RENEWAL:	Annua	al	LICE	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME	: JESSICA'S HOMEP	ORT, INC				
DOING BUSINESS	S A HOMEPORT RES	TAURANT				
ADDRESS 7 BREV	WSTER CROSSROADS	5				
CITY/TOWN: OF	RLEANS	STATE:	MA	ZIP CODE:	02653	
MANAGER: KN	IGHT, JESSECA TYPE	E OF LICENS	SE: Restau	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAII	ADDRESS		
	F LICENSED PREMISE					
SERVICE BAR IN	OOMS, ( DINING ARE KITCHEN. SERVICE LUNCH COUNTER					
I hereby certify and	swear under penalties of	of perjury that	í <b>:</b>			
1. the rene	wed license will be of the	e same type i	for the sai	ne premises no	w licensed;	
	see has complied with a			_	g to taxes; and	
3. the pren	nises are now open for b	usiness (If no	t explain	below)		
SIGNED BY	Individual, Partner o	r Authorized	Corporat	e Officer		
	marviduar, i artifer o	Aumonzea	Corporat	c Officer		
DATE:	TELEDIJONE	MIMDED.		EMPI OY	ER IDENTIFICA	TION NUMBER:
	TELEPHONE	NUMBER:			Individual Social S	
Acts of 2004, sign	ed, attest that we are in ed by the building insp d (2) the certificate of h	ector and th	e head of	the fire depa	rtment for the	e above
Please Check Below:			]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:	]		]	Ву:		
DISAPPROVED:	1					
(If disapproved exp	nam)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400011		CITY OR TOWN ORLEANS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LA ROCCA GI	ROUP, INC.	
DOING BUSINESS A NAUSET BE.	ACH CLUB RESTAURA	ANT
ADDRESS 222 MAIN ST.		
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02643
MANAGER: DUQUETTE, ARTHUR JR	ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
1 STORY BLDG. DIVIDED INTO 3 FOR STORAGE, ENCLOSED PORC MEAL ONLY FOR TOTAL OF 55 S	H AREA & ENCLOSED	
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the	same premises now licensed;
•		nonwealth relating to taxes; and
3. the premises are now open	for business (If not expla	in below)
SIGNED BY Individual, Part	tner or Authorized Corpo	rate Officer
111011120001, 2 111	and of Figure 20170	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEELT	ONE NUMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 093400017		CITY OR TOWN	ORLEANS
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS			2.	
ADDRESS 59 CRAI	NBERRY HWY			
CITY/TOWN: ORI	LEANS	STATE: MA	ZIP CODE:	02653
MANAGER: WON	NG, WA LUN TYI	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF ONE FLOOR, TWO 28; ONE ENT/EXIT	ROOMS, 1/2 CELL		NE ENTRANCE A	ND EXIT ON TO RTE
2. the licens	red license will be of ee has complied with ses are now open for	the same type for the all laws of the Con	nmonwealth relating	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building in	spector and the he	ad of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICEN By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 093400019		CITY OR TOWN	ORLEANS
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		ELI INC.		
ADDRESS 48 RTE.	28			
CITY/TOWN: ORI	LEANS	STATE: MA	ZIP CODE:	02653
MANAGER: SUL	LY, JOHN S.	ГҮРЕ OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	MISES:		
		THE CORNER OF THE AR OF ADJOINING B		
I hereby certify and s	swear under penal	ties of perjury that:		
1. the renew	ed license will be	of the same type for the	e same premises now	licensed;
2. the licens	ee has complied v	with all laws of the Com	monwealth relating t	o taxes; and
3. the premi	ses are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Part	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signed	d by the building	ginspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ain)		-	
			-	
DATE				
DATE:				



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LICENSE NUMBEI	X: 093400024		CITY OR TOWN	URLEANS	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	CONWAY ENTE	RPRISE, LTD			
DOING BUSINESS	A CAPTAIN LINE	NELL HOUSE			
ADDRESS 137 SKA	AKET BEACH RD.				
CITY/TOWN: OR	LEANS	STATE: MA	ZIP CODE:	02653	
	IWAY, TY LIAM A.	PE OF LICENSE: Res	taurant (	CATEGORY: All Al	lcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
FIRST FLOOR, 4 R	OOMS AND ONE	OUSE HAS 2 FLOOR BATH. CELLAR CON SERVICE AND SALE	TAINS FURNAC	CE AND PUMP. SHE	
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be or	f the same type for the	same premises nov	w licensed;	
	•	h all laws of the Comn	•	to taxes; and	
3. the premi	ses are now open fo	r business (If not expla	in below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	ER IDENTIFICATION NUM	MBER:
			(Note: NOT I	ndividual Social Security N	(umber)
Acts of 2004, signe	d by the building in	e in possession (1) the aspector and the head of liquor liability insu	of the fire depar	tment for the above	
Please Check Below:			LOCAL LICEN	ISING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
DATE.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400025	(	CITY OR TOWN ORLEAN	S
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: JD MOSS, INC			
DOING BUSINESS A SALTWATER	GRILLE AND BINNAC	LE TAVERN	
ADDRESS 20-22 SO.ORLEANS RD-	RTE.28		
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02653	
MANAGER: MOSS, SCOTT A T	TYPE OF LICENSE: Resta	nurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
THREE FLOORS,GROUND FLOOR ROOMS, 2ND FLOOR FRONT; SIX STORAGE; CAPE CELLAR FOR ST SERVICE AT TABLE AND BAR IN	ROOMS. 1ST FLR BACK ORAGE. SERVICE AT T	K, 3 ROOOMS ATTIC USED ABLES ONLY IN FRONT A	FOR
1. the renewed license will be     2. the licensee has complied w     3. the premises are now open a	of the same type for the savith all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Part	ner or Authorized Corpora	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head of	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 093400028		CITY OR TOW	N ORLEANS	
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	L.W. HIRST ASS	SOCIATES INC.			
DOING BUSINESS	A THE OLD JAIL	HOUSE TAVERN			
ADDRESS 28 WES	T RD.				
CITY/TOWN: OR	LEANS	STATE: MA	ZIP CODE:	02653	
MANAGER: HIR L.	ST, WILLIAM TY	PE OF LICENSE: Resi	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF					
AND EXIT. FULL	BASEMENT WITH	EGRESS; DINING RO AN ADDITION TO E DA SMALL BAR. PA	XISTING REST		ENTRY
	ved license will be o	f the same type for the			
		th all laws of the Comm or business (If not expla	`	g to taxes; and	
SIGNED BY	Individual, Partne	er or Authorized Corpor	rate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building in	re in possession (1) the nspector and the head of liquor liability insur	of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(11 disupproved expr	u)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400029	(	CITY OR TOWN ORLEANS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HEARTH N' KI	ETTLE OF ORLEANS IN	IC.
DOING BUSINESS A HEARTH 'N K	CETTLE FAMILY REST.	AURANT
ADDRESS 9 WEST ROAD		
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02653
MANAGER: CATANIA, WILLIAM	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IIL ADDRESS
DESCRIPTION OF LICENSED PREM		
ONE FLOOR CONSISTING OF DINI STORAGE. TWO CUSTOMER ENTI FOOT PAVILION FOR SERVING FO	RANCES AND EXITS A	SAR, COUNTER AREA, KITCHEN, ND ONE SERVICE ENTRANCE. 18
I hereby certify and swear under penalt	ties of perjury that:	
1. the renewed license will be	• •	-
2. the licensee has complied w		
3. the premises are now open	for business (If not explain	n below)
SIGNED BY  Individual Part	ner or Authorized Corpora	ate Officer
	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEETIN	SILL NOMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		Ву:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	093400031		CITY OR TOWN	ORLEANS				
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013				
		CLASS		YEAR				
LICENSEE NAME:	2 D'S TRANSPORT	, INC						
DOING BUSINESS A	FULLER'S PACK	AGE STORE						
ADDRESS 180 CRAN	NBERRY HWY							
CITY/TOWN: ORLE	EANS	STATE: MA	ZIP CODE:	02653				
MANAGER: DUNN FREDI	I, TYPI ERICK R.	E OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol				
EMAIL ADDRESS:								
PI	LEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS					
DESCRIPTION OF L	ICENSED PREMISI	ES:						
	ONE STORY CEMENT BLOCK AND STEEL BLDG. ONE SALESROOM, OFFICE, TWO LAVATORIES AND CELLAR STORAGE. TWO ENTRANCES AND EXITS							
2. the licensee		all laws of the Com	e same premises now monwealth relating to ain below)					
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer					
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)				
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHORITY				
DISAPPROVED: (If disapproved explain								
(11 disupproved explain	··· <i>)</i>							
DATE:								



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400032		CITY OR TOWN	ORLEANS	
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: ORLEANS GENER	AL STORE, INC.			
DOING BUSINESS A FRIENDS MARKI	ETPLACE			
ADDRESS 57 MAIN STREET				
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE:	02653	
MANAGER: JUMKINS, JAMES TYPE E.	E OF LICENSE: Pack	cage Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
CEMENT BLOCK BLDG WITH BRICK APPROX 9,000SQFT. RESTROOMS AN				ROOM.
2. the licensee has complied with a 3. the premises are now open for b  SIGNED BY  Individual, Partner of		in below)		
22.00. 7.00.00. 7.00.00. 0	or realistics			
D. 1995				
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below:		LOCAL LICENSI	NG AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 093400033		CITY OR TO	WN ORLEA	ANS
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR	R 2013
		CLASS	S		YEAR
LICENSEE NAME:	OLD COLONY	HOLDING CO, I	NC		
DOING BUSINESS	A WINDMILL LI	QUORS AND FI	NE WINES		
ADDRESS 28 ROU	TE 6A				
CITY/TOWN: OR	LEANS	STATE:	MA ZIP CODE	E: 02643	
MANAGER: PLA		YPE OF LICENS	E:Package Store	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
APPROX 7,452 SQ OFFICE SPACE, ST				LDING STO	RE AREA,
3. the premi	ises are now open fo	or business (If not			
	,				
DATE:	TELEPHO	NE NUMBER:			CATION NUMBER: ial Security Number)
Please Check Below:				ENSING AU	THORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 093400036		CITY OR TOWN	ORLEANS
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: ORLEANS WI	NE & SPIRITS, LTD		
DOING BUSINE	ESS A LIQUOR LO	FT		
ADDRESS UNIT	Γ 4A SKAKET COR	NERS 9 WEST RD.		
CITY/TOWN: (	ORLEANS	STATE: M	A ZIP CODE:	02653
MANAGER: V	ALCHUIS, OBERT F.	TYPE OF LICENSE:	Package Store C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OF	JR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION O	OF LICENSED PRE	MISES:		
EMPLOYEE/ DE	ELIVERY ENTRAN		CE AND EXIT AT FF R OF STORE. ONE ST	
I hereby certify a	nd swear under pena	lties of perjury that:		
1. the rea	newed license will be	e of the same type for	the same premises now	licensed;
2. the lic	ensee has complied	with all laws of the Co	mmonwealth relating t	o taxes; and
3. the pre	emises are now open	for business (If not ex	(plain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Co	rporate Officer	
DATE				
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(Note: <u>NOT</u> Inc	dividual Social Security Number)
Please Check Below:	<u>:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xplain)			
DATE:				
~				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 093400038		CITY OR TOW	N ORLEANS	5
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 199 MA	IN STREET				
CITY/TOWN: OR	LEANS	STATE: MA	ZIP CODE:	02643	
	HARES, T BERT M.	YPE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
	O ALCOHOL TO	CCESS FACING MAII BE CONSUMED ON			ESS AT
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renew	ved license will be	of the same type for th	e same premises no	w licensed;	
2. the licens	see has complied w	ith all laws of the Con	nmonwealth relating	g to taxes; and	
3. the premi	ises are now open t	for business (If not exp	lain below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Please Check Below:			LOCAL LICEN	NGING ATITU	ODITV
APPROVED:			By:	VSIIVO AUTII	OKITI
DISAPPROVED: [			_,.		
(If disapproved expl	ain)		-		
DATE:					
DAIL.					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 093400039		CITY OR TO	WN ORLEAN	3
APPLICATION	N FOR RENEWAL:	Annual	LIC	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NA	AME: HESS MART	Γ OF MASSACHUSETT	S, LLC		
DOING BUSIN	NESS A HESS EXP	RESS 21247			
ADDRESS 401	1 RTE 28 #615				
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODI	E: 02662	
MANAGER:	BARBI,MARK G.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PE				
		NENTRANCE OFF RTE ESTORY BUILDING.	2. 28 W/ REAR E	XIT ON THE W	EST
1. the 1 2. the 1	renewed license will licensee has complied	nalties of perjury that: be of the same type for the d with all laws of the Cor en for business (If not exp	nmonwealth relat		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA $f T$ Individual Social :	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J93400040		CITY OR TO	WN OKLEANS	•
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NAUSET FISH MAI	RKET,INC.			
DOING BUSINESS A	NAUSET FISH &I	LOBSTER POOL			
ADDRESS 38 CRANE	BERRY HWY.				
CITY/TOWN: ORLE	ANS	STATE: MA	ZIP CODE	E: 02653	
MANAGER: HARRI RONA		OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
FRONT ENTRANCE A STRUCTURE, ONE F STORAGE					I FOR
I hereby certify and sw	ear under penalties o	f perjury that:			
1. the renewed	l license will be of the	e same type for the	e same premises	now licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth relati	ing to taxes; and	
3. the premises	s are now open for bu	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	r Authorized Corp	orate Officer		
D.A.TE					
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social S	
			(110te. <u>110</u>	I marviduai sociai s	security Number)
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain	<u>)</u>				
( alongpio (oa enplano	-7				
DATE:					



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LICENSE NUMBER: 093400053		CITY OR TOWN ORLEANS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: AT THE BEGI DOING BUSINESS A JOE'S BAR &		H ROAD CORP.	
ADDRESS 5 BEACH ROAD		7ID CODE 02642	
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02643	
MANAGER: LEWIS, JOSEPH G.	TYPE OF LICENSE: Innh	nolder CATEGORY: All Alco	ohol
EMAIL ADDRESS:			
	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	TH PUBLIC ENTRANCE	E, LAWN FOR RECEPTIONS AND INN 3 SEATS IN RESTAURANT, PATIO	
I hereby certify and swear under pena	lties of perjury that:		
<ol> <li>the renewed license will be</li> <li>the licensee has complied</li> <li>the premises are now open</li> </ol>	with all laws of the Comm	nonwealth relating to taxes; and	
SIGNED BY Individual, Par	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMB (Note: NOT Individual Social Security Num	
Acts of 2004, signed by the building	g inspector and the head	e certificate required by Chapter 304 of of the fire department for the above rance required by Chapter 116 of the Ac	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	_
DATE:			-



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400057		CITY OR TOWN	ORLEANS
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WEST ROAD CORF	2.		
DOING BUSINESS A THE BEACON RO	OOM		
ADDRESS 23 WEST RD			
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE:	02653
MANAGER: ROCHE, TYPE KATHLEEN	OF LICENSE: Res	taurant CA7	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
TOTAL OF 66 SEATS. APPROX 1880 SQ SQ FT KITCHEN; STORAGE AND BASE			
I hereby certify and swear under penalties o	f perjury that:		
1. the renewed license will be of the		=	
2. the licensee has complied with a		_	axes; and
3. the premises are now open for bu	usiness (If not expla	in below)	
SIGNED BY Individual, Partner of	r Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
TELLITOIVE	IVONIDER.	(Note: NOT Indivi	idual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insponanted license and (2) the certificate of li of 2010.	ector and the head	of the fire departme	ent for the above
Please Check Below:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400058	C	CITY OR TOWN ORLEANS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: ORLEANS WAT	ΓERFRONT INN, INC		
DOING BUSINESS A ORLEANS WA	ATERFRONT INN		
ADDRESS 3 OLD COUNTY RD			
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02653	
MANAGER: SANTIAGO, ERIN T	YPE OF LICENSE: Innho	lder CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	L ADDRESS	_
4 STORY WOOD BLDG WITH LOW AREA, LOUNGE AREA, LOUNGE, F LOUNGE AREA ONTO THE DECK, OFFICE, DINING ROOM, BRIDGE RO	RESTROOMS AND DEC HALL AND WORKSHO	K WITH ENT/ EXITS FROM P 1ST FLR; KITCHEN,LOE	THE
1. the renewed license will be a complied with a complied	of the same type for the sa ith all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY Individual, Partn	ner or Authorized Corpora	te Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head o	f the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHOBY:	ORITY
DATE:			



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LICENSE NUI	MBER: 093400059	C	ITY OR TOWN ORL	EANS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSII	AME: LE DUE COMARI I NESS A	LLC		
ADDRESS 15	COVE RD			
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 0265	53
MANAGER:	VALDEZ, MELISA TYPI	E OF LICENSE: Resta	urant CATEGO	ORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEE N OF LICENSED PREMISI		L ADDRESS	
DINING AREA OFFICE AND TOTAL SEAT	AD;ONE STORY BUILDIN A, KITCHEN AREA, BAR UTILITY ROOM; APPRO ING NOT TO EXCEED 57	AND RESTROOMS; XIMATELY 3,600 SQ	BASEMEN T AREA FO	OR STORAGE;
•	and swear under penalties of			
	renewed license will be of the	* *	-	
	licensee has complied with a premises are now open for b		_	; and
	promises are now open for s			
SIGNED BY	Individual Destruction	A	4- Off	
	marviduai, Parmer (	or Authorized Corpora	te Officer	
DATE:	TELEPHONE	NII IMDED	EMPLOYER IDENT	TIFICATION NUMBER:
	TELETHONE	A NOMBER.	(Note: NOT Individual S	Social Security Number)
Acts of 2004,	rsigned, attest that we are i signed by the building insp e and (2) the certificate of l	pector and the head o	f the fire department fo	or the above
Please Check Belo	DW:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	Capiani)			
DATE:				



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LICENSE NUM	BER: 093400062		CITY OR TOWN ORLEA	ANS
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAM	ME: TRUE BLUI	E ATLANTIC, INC.		
DOING BUSINE	ESS A MAHONE	Y'S ATLANTIC BAR & G	RILL	
ADDRESS 28 M	IAIN ST			
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02653	
	MAHONEY, EDWARD	TYPE OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRE	SSS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PI			
	bldg. ,two entrance , main dining area		On entrance/exit at rear of blo	dg. Bar
I hereby certify a	and swear under pe	nalties of perjury that:		
1. the re	newed license will	be of the same type for the	same premises now licensed;	
2. the lic	censee has complie	d with all laws of the Comr	nonwealth relating to taxes; a	nd
3. the pr	remises are now op	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIE	
			(Note: <u>NOT</u> Individual Soc	ial Security Number)
Acts of 2004, sig	gned by the build	ing inspector and the head	e certificate required by Ch d of the fire department for rance required by Chapter	the above
Please Check Below	<u>:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disapproved e	арташ)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 093400063		CITY OR TOWN ORLEANS
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAM DOING BUSINE	ME: ABBA & IM ESS A ABBA	A INC	
ADDRESS 89 O	LD COLONY WA	·Υ	
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02653
MANAGER: B	BRATBERG, CHRISTINA	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRE	SS:		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION	OF LICENSED P	REMISES:	
KITCHEN, STO	RAGE AREA LO		S AND EXITS ON FIRST FLOOR. ANCE/EXIT INTERIOR STAIRCASE CAPACITY
2. the lic	censee has complie	• •	same premises now licensed; onwealth relating to taxes; and in below)
SIGNED BY	Individual, P	artner or Authorized Corpor	rate Officer
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, sig	gned by the buildi	ing inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	D:		LOCAL LICENSING AUTHORITY By:
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 093400067	(	CITY OR TOWN ORLEANS	8	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013	
		CLASS		YEAR	
LICENSEE NA	ME: KALINA,INC.				
DOING BUSIN	NESS A ZIA A PIZZE	RIA AND CAFÉ			
ADDRESS 210	MAIN STREET				
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02653		
	MORSE, FREDERICK W.	ΓΥΡΕ OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OU	IR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_	
	N OF LICENSED PRE				
<b>BUILDING TV</b>		T OF STORE. ENTIRE IS	VERY AREA BEHIND THE S ON ONE LEVEL, APPROX	2310 SQ.	
I hereby certify	and swear under penal	ties of perjury that:			
1. the r	renewed license will be	of the same type for the sa	ame premises now licensed;		
	-		onwealth relating to taxes; and		
3. the p	premises are now open	for business (If not explain	n below)		
SIGNED BY	Individual, Part	tner or Authorized Corpora	ate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:	
			(Note: NOT Individual Social S	(Note: NOT Individual Social Security Number)	
Acts of 2004, s	signed by the building	g inspector and the head o	certificate required by Chap of the fire department for the nnce required by Chapter 11	e above	
Please Check Below	<u>w:</u>		LOCAL LICENSING AUTH	ORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 093400068		CITY OR TOWN	ORLEANS	
APPLICATION FOR	RENEWAL:	Annual	LICENSI	ED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	MAIN STREET W	VINE & GOURMET	LLC		
DOING BUSINESS	A MAIN STREET	WINE & GOURME	Γ		
ADDRESS 42 MAIN	STREET				
CITY/TOWN: ORL	EANS	STATE: MA	ZIP CODE:	02653	
MANAGER: TAR' HEA'	ΓER, TY. ΓHER M.	PE OF LICENSE:Pa	ckage Store CA	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	SES:			
EMERGENCY EXIT	T, 2 LOFTS LOCAT EXIT LEADING D	ΓED UPSTAIRS, 1 II	ROM ENTRANCE AI N FRONT 2ND IN RE STAIRWAY AND CA	AR.FRONT	Γ LOFT
I hereby certify and s	wear under penalties	s of perjury that:			
1. the renew	ed license will be of	the same type for the	e same premises now li	censed;	
2. the license	ee has complied with	h all laws of the Com	monwealth relating to	taxes; and	
3. the premis	ses are now open for	r business (If not expl	ain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER II (Note: <u>NOT</u> Indiv		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSIN	NG AUTHO	DRITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400069	C	ITY OR TOWN ORLEANS	5
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BANGKOK CUI	SINE INC PLYMOUTI	H	
DOING BUSINESS A BANGKOK TH	IAI CUISINE		
ADDRESS 46-48 CRANBERRY HIGH	łWAY		
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02653	
MANAGER: SANGWORN, TY	YPE OF LICENSE: Restar	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	L ADDRESS	_
DESCRIPTION OF LICENSED PREM			
FIRST FLOOR RESTAURANT PREM KITCHEN AREA, BAR AREA RESTE DOORWAYS 9ONE WITH H		EPARATE ENTRY/EXIT	AREA,
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	7.2	•	
2. the licensee has complied wi		<u>-</u>	
3. the premises are now open for	or business (If not explain	below)	
SIGNED BY Individual, Partn	er or Authorized Corpora	te Officer	
•	·		
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
122110	1121(01)1221	(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	f the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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LICENSE NUMBER: 093400070	CIT	Y OR TOWN	ORLEANS
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HURRICANE HUGO II DOING BUSINESS A LOST DOG PUB	NC.		
ADDRESS 63 ROUTE 6A			
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE:	02673
MANAGER: HILLEY, JOHN J. TYPE O	F LICENSE: Restaura	nnt CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL A	DDRESS	
DESCRIPTION OF LICENSED PREMISES: TWO FLOORS WITHBASEMENT; 136 SEA DINING ROOMS WITH LARGE DINING RO WITH IT'S OWN EGRESSONE EAST FAC OWN EGRESS; THREE BATHROOMS WIT	OOM HAVING ITS ( CING MAIN ENTRA	OWN EGRESS ANCE; A KITC	BAR AREA
I hereby certify and swear under penalties of pe	erjury that:		
1. the renewed license will be of the sa	• •	•	
2. the licensee has complied with all la		_	taxes; and
3. the premises are now open for busing	iess (ii not explain be	elow)	
SIGNED BY Individual, Partner or A	uthorized Corporate	Officer	
DATE: TELEPHONE NU	JMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are in potential Acts of 2004, signed by the building inspect named license and (2) the certificate of liquid of 2010.	or and the head of t	he fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By		ING AUTHORITY
DATE:	_		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 093400072	CITY OR TOWN ORLEANS			
APPLICATION FO	R RENEWAL:	Annual		LICENSED F	FOR 2013
		CLASS			YEAR
LICENSEE NAME:	: TODD GODDARD	& CHRIDTOPHER	R TOMKIN	SON	
DOING BUSINESS	S A ORLEANS VILLA	PIZZA			
ADDRESS 87 ROU	JTE 6A				
CITY/TOWN: OR	LEANS	STATE: MA	ZIP C	ODE: 026	773
	DDARD, TODD TYPE OMKINSON, R	OF LICENSE: Res	staurant	CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
	B ROOMS, PARTIAL S ND ONE ON NORTH S		LAR, ENTI	RANCES AND	EXITS;ONE
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with a ises are now open for bu	e same type for the ll laws of the Comr	nonwealth r		
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	r	
DATE:	TELEDIJONE	NUMBED.	EN	MPI OYER IDEN'	TIFICATION NUMBER:
	TELEPHONE	NUMBER:			Social Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the head	d of the fire	department f	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL By:	LICENSING A	AUTHORITY
DATE:					



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LICENSE NU	MBER: 093400073		CITY OR TOWN ORLEAN	<b>S</b>
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: MATTHEW	P. BARRON		
DOING BUSI	NESS A NAUSET G	FRILL		
ADDRESS 56	MAIN STREET			
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02673	
MANAGER:	BARRON, MATTHEW P.	TYPE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
BATHROOM. ENTRANCE/F	ONE ENTRANCE/I	EXIT LOCATED IN THE	ONEADDITIONAL EXIT IN	
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comm	nonwealth relating to taxes; and	l
3. the	premises are now ope	en for business (If not expla	in below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	rate Officer	
DATE:	TEI EI	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
	IELEF	TIONE NUMBER:	(Note: NOT Individual Social	
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chap of the fire department for th rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER: 093400074	CITY OR TOWN ORLEANS				
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013				
CLASS	YEAR				
LICENSEE NAME: TRUE WORDS TORTILLAS, INC					
DOING BUSINESS A GUAPOS TORTILLA SHACK					
ADDRESS 136 RT 6A B2A					
CITY/TOWN: ORLEANS STATE: MA	ZIP CODE: 02673				
MANAGER: PARKER, KYLE TYPE OF LICENSE:	Restaurant CATEGORY: All Alcohol				
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES:					
FIRST FLOOR RESTAURANT I A STRIP MALL/PLAZA CONSISTING OF 2,300 SQ.FT +/- WITH GLASSA FRONT AND ALUMINIUM FRAMED ENTRY, INDOOR DINING AREA WITH 65 SEATS, BAR AREA, KITHCEN AREA, TWO RESTROOMS, TWO ENTRANCES& EXITS; RESTAURANT IS HANDICAP ACCESSIBLE AS IT SITS AT STREET LEVEL; ALL ALCHOHOL WILL BE STORED AT THE BAR AND IN THE MANAGER'S OFFICE/LIQUOR ROOM; DRY STORAGE AREA WITH A WALK-IN COOLER FOR ALL COLD BEVERAGES.					
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be of the same type for the	he same premises now licensed;				
2. the licensee has complied with all laws of the Con	mmonwealth relating to taxes; and				
3. the premises are now open for business (If not ex	plain below)				
SIGNED BY Individual, Partner or Authorized Cor	porate Officer				
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below:	LOCAL LICENSING AUTHORITY				
APPROVED:	Ву:				
DISAPPROVED:					
(If disapproved explain)					
	<del></del>				